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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)			Attorney Docket Number First Named Inventor		HOOV 115	
					Michael D. Hooven	
			COMPLETE IF KNOWN			
			Application Number	10 / 015,346		
	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date	Dece			
☐ Declaration Submitted with Initial Filing		Submitted after Initial	Group Art Unit			
		(37 ČFR 1.16 (e))	Examiner Name			

	As a below named inventor, I hereby declare that:						
	My residence, mailing address, and citizenship are as stated below next to my name.						
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
	TRANSMURAL ABLATION DEVICE WITH CURVED JAWS						
	(Title of the Invention)						
	the specification of which						
	is attached hereto OR as United States Application Number or PCT International						
	Was filed on (MM/DD/YYYY) 12/12/2001						
	Application Number 10/015,346 and was amended on (MM/DD/YYYY) (if applicable).						
	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
	Prior Foreign Application	Country	Foreign Filing Date		Certified Copy Atta	ched?	
	Number(s)	Country	(IVIIVIIDD) 1 T T T)	Not Glanned	TES NO		
]	
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]	
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
	Application Number(s)	Filing Dat	Filing Date (MM/DD/YYYY)		Additional provisional application		
60/200,072		04/2	04/27/2000		numbers are listed on a		
					ental priority data shee /02B attached hereto.	et	
				3/35			
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[Page 1 of 2]
Burden Hour Statement This form is estimated to take 21 minutes to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

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Name 26568 PATENT TRADEMARK OFFICE							
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor							
l				Family I	nily Name Surname Hooven		
Inventor's Signature Date 3//02							
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Mailing Address							
City Cincinnati	State Ohi	10		ZIP 4	15241	Country USA	
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) Family Name or Surname							
Inventor's Signature						Date	
Residence: City			State		Country	Citizenship	
Mailing Address							
Mailing Address				710		Country	
City ☐ Additional inventors are being name	State d on the	_suppleme	ental Additi	ZIP onal Inve	ntor(s) sheet(s) P	Country TO/SB/02A attached hereto.	